CS-13 (Rev 1-79, 7-81 5-98,12-04, 1-13)

APPLICATION FOR EXAMINATION

I am applying for the position of (list below):

DEPARTMENT OF CITY CIVIL SERVICE

1340 POYDRAS STREET, SUITE 900 NEW ORLEANS, LA 70112

PLEASE PRINT

Name: Last		First		Middle/Ma	siden Social Security Number	
Address: Number & Street				Apartment	Home Phone/Business Phone	
City			State	Zip Code	Birth date	
Your Signatur	re				Today's Date	
Are you currently employed by the City of New Orleans?					VETERAN'S PREFERENCE	
If yes, what is	s your official cl	ass (job) title (li	st below):		Certain veterans and wives, widows, and mothers of veterans are entitled to preference	
Have you ever applied under another name (maiden, etc.)?					on examinations. See the reverse side of the Examination Announcement and the Veteran Preference Claim form for details.	
If yes, please	write name here	OT WRITE BELO	W THIS LINE			
previously, and	have gained addit	ional experience a	S-1), or, if they have fund/or education, they uments required for this	should attach a	Voter's Reg	
Application:	Accepted [Reason:				Vet. Status: 5pt. 10pt. ineligible Type of Reg.	
	RAW SCORE	% EQUIV.	WEIGHT	WTD. SCORE	"The City of New Orleans is an equal opportunity employer and does not	
Written Test					discriminate on the basis of race, color, religion, national origin, gender, age, physical or mental disability, sexual orientation, creed, culture, or ancestry. Requests for alternate format or accommodations should be directed to Amy Trepagnier, (504) 658-3516 or TTY/Voice (504) 568-4475."	
Oral Test						
Rating of Train/Exp.						
Performance Test					CIVIL SERVICE USE ONLY	
Agility Test					CIVIL SERVICE USE OILLI	
Vets Credit						
TOTAL						
RANK						